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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICANT: VERNON MEADOWS, ET AL.)
SERIAL NO.: 09/894,542) ART UNIT
FILED: June 28, 2001) 2645
FOR: SYSTEM AND METHOD FOR) EXAMINER:
ELECTRONIC MESSAGE STATUS) Escalante,
CERTIFICATION) Ovidio

I hereby certify that this correspondence is
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Number (703) 872-9306 on March 1, 2004

Sheila Smedley
name
signature Charles Quadel 3-1-04
date

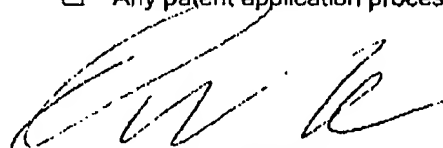
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO FINAL OFFICE ACTION

Applicants respectfully request entry of the following amendments and remarks contained herein in response to the Office Action mailed December 15, 2003. Applicants respectfully submit that the amendments and remarks contained herein place the instant application in condition for allowance.

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AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. 00347 (BLL-0036)		
Applicant(s): VERNON MEADOWS ET AL					
Serial No. 09/894,542	Filing Date June 28, 2001	Examiner O. Escalante	Group Art Unit 2645		
Invention: SYSTEM AND METHOD FOR ELECTRONIC MESSAGE STATUS CERTIFICATION					
<u>TO THE COMMISSIONER FOR PATENTS:</u>			RECEIVED CENTRAL FAX CENTER MAR 01 2004 OFFICIAL		
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	40 -	74 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	5 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: March 1, 2004		
David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Facsimile (860) 286-0115 Customer No. 36192			<div style="font-size: small;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="text-align: center; margin-top: 20px;">_____ Signature of Person Mailing Correspondence</div> <div style="text-align: center; margin-top: 20px;">_____ Typed or Printed Name of Person Mailing Correspondence</div>		
CC:					